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State of Louisiana

Department of Health and Hospitals
Office of the Secretary

Office of Public Health

STANDING ORDERS
Influenza A (H1N1) 2009 Monovalent Vaccine Live, Intranasal

These standing orders are current as of September 2009. They should be reviewed carefully against the current recommendations and may be revised by the Medical Director of the Louisiana Office of Public Health Immunization Program.

Influenza A (H1N1) 2009 Monovalent Vaccine Live, **Intranasal** is indicated for the active immunization of healthy individuals 2 – 49 years of age against influenza disease caused be pandemic (H1N1) 2009 virus.

ORDER:

1. Provide patient, parent or legal representative with a copy of the Vaccine Information Statement (VIS) and answer any questions. VIS's in English and other languages are available from the Louisiana Office of Public Health Immunization Program (LIP) and online at http://www.immunize.org/vis.
2. Screen for contraindications according to Table 1.

Table 1. Contraindications to Influenza A (H1N1) Monovalent Vaccine, Live

Valid Contraindications for Live influenza A (H1N1) 2009 Vaccine
Hypersensitivity to eggs[1], egg proteins, gentamicin, gelatin or arginine or life threatening reactions to previous influenza vaccination or any components of the LAIV
Children receiving aspirin therapy or aspirin-containing therapy because of the association with Reye's Syndrome with aspirin and wild-type influenza infection
Age < 2 and > 50 years of age
Adults and children who have chronic pulmonary, cardiovascular, renal, hepatic, neurological/neuromuscular disorders (including diabetes mellitus)
Pregnant women

WARNINGS AND PRECAUTIONS
Individuals with asthma or children < 5 years of age with recurrent wheezing (potential for increased risk of wheezing post vaccination) or whose parents or caregivers report that a medical provider has told them during the preceding 12 months that their child had wheezing or asthma If Guillain-Barré Syndrome has occurred with any prior influenza vaccination Individuals with known immunodeficiency diseases or immunosuppressed states[2] Individuals with underlying medical conditions predisposing them to wild-type influenza infection complications Children who have received any other live vaccines within the past 30 days such as MMR, Varicella or Yellow Fever should defer until sufficient time has elapsed between vaccine doses

[1] Asking persons if they can eat eggs without adverse effects is a reasonable way to determine who might be at risk for an allergic reaction.

[2] Use of inactivated influenza vaccine is recommended over LAIV for health care workers, household contacts and anyone coming in close contact with severely immunocompromised individuals during periods when such patients require care in a protected environment (typically described as a specialized patient-care area with a positive – airflow relative to the corridor, high-efficiency air filtration and frequent air changes).

3. Administer 0.2 mL Influenza A (H1N1) 2009 Monovalent Vaccine Live intranasally (0.1 mL in each nostril) according to the age-specific dose and schedule (Table 2).
   - Check expiration date. Product must be used before the date on the sprayer label.
   - Remove rubber tip protector. **Do not** remove dose-divider clip at the other end of the sprayer.
   - With the patient in an upright position, head tilted back, place the tip just inside the nostril to ensure the vaccine is delivered into the nose.
   - With a single motion, depress plunger **as rapidly as possible** until the dose-divider clip prevents you from going further.
   - Pinch and remove the dose-divider clip from the plunger.
   - Place the tip just inside the other nostril and with a single motion, depress the plunger **as rapidly as possible** to deliver the remaining vaccine.

   - If the vaccine recipient sneezes after administration, the dose should **not** be repeated.

   Note: Active inhalation (i.e., sniffing) is not required by the patient during vaccine administration.

4. Influenza A (H1N1) 2009 Monovalent Vaccine Live can be given on the same day as any other live virus vaccine **EXCEPT** seasonal influenza LAIV.
5. If possible, observe the patient for an allergic reaction for 15 – 20 minutes after administering vaccine.
6. Appropriate facilities and medical personnel must be available to manage possible anaphylactic reactions following administration of the vaccine.
7. Report clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at 1-800-822-7967 or http://www.vaers.hhs.gov/.

8. See the document *General Protocols for Standing Orders* for further recommendations and requirements regarding vaccine administration, documentation and consent.

Table 2. Live Attenuated Influenza A (H1N1) Monovalent Vaccine Live Dosage, by Age Group

Age Group	Dose/ Schedule
Children (2 – 9)	**2 doses (0.2 mL each*), approx. 1 month apart**
Children, adolescents and adults (10 – 49)	**1 dose (0.2 mL**

*Each 0.2 mL dose is administered as 0.1 mL per nostril

Storage and Handling

- Store Influenza A (H1N1) 2009 Monovalent Vaccine Live in a refrigerator between 2 – 8° C (35 - 46° F) upon receipt and until use. Keep at that temperature until the expiration date is reached. **Do not freeze.**

Patient Counseling Information

- Inform vaccine recipient or guardian of the benefits and risks of Influenza A (H1N1) 2009 Monovalent Vaccine.
- Inform vaccine recipient or guardian that there are two influenza vaccine formulations for this influenza season, the monovalent vaccine against H1N1 pandemic virus and seasonal trivalent influenza vaccine.
- Instruct vaccine recipient or guardian to report any severe or unusual adverse reactions to their health care provider.

Table 3. Approved Live Influenza A (H1N1) 2009 Monovalent Vaccine

Proper Name / Type	Manufacturer	Dose/ Presentation	Dosage	Age Group
Influenza A (2009) H1N1 Monovalent Vaccine Live virus (LAIV); Intranasal spray	MedImmune, LLC 1-877-633-4411	- 0.2 mL prefilled single dose intranasal spray (Each 0.2 mL dose is administered as 0.1 mL per nostril)	- Two 0.2 mL doses approx. 1 month apart for children 2 to 9 - Single 0.2 mL dose for persons 10-49	Persons 2 to 49 years of age

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Date

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